

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.01890831

Gross Claim	\$	655.59
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Net Claim / Payment Amount	\$	655.59
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YTD Amount:	\$	264,714.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00001125

Gross Claim	\$	0.39
Net Claim / Payment Amount	\$	0.39
YTD Amount:	\$	162.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00105157

Gross Claim	\$	36.46
Net Claim / Payment Amount	\$	36.46
YTD Amount:	\$	14,723.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.01178326

Gross Claim	\$	408.55
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Net Claim / Payment Amount	\$	408.55
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YTD Amount:	\$	164,966.90
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00147669

Gross Claim	\$	51.20
Net Claim / Payment Amount	\$	51.20
YTD Amount:	\$	20,672.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00019064

Gross Claim	\$	6.61
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Net Claim / Payment Amount	\$	6.61
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YTD Amount:	\$	2,667.00
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00955063

Gross Claim	\$	331.14
Net Claim / Payment Amount	\$	331.14
YTD Amount:	\$	133,707.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00162869

Gross Claim	\$	56.47
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Net Claim / Payment Amount	\$	56.47
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YTD Amount:	\$	22,799.70
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00472340

Gross Claim	\$	163.77
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Net Claim / Payment Amount	\$	163.77
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YTD Amount:	\$	66,130.75
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.05196749

Gross Claim	\$	1,801.82
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Net Claim / Payment Amount	\$	1,801.82
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YTD Amount:	\$	727,543.25
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00107926

Gross Claim	\$	37.42
Net Claim / Payment Amount	\$	37.42
YTD Amount:	\$	15,110.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00564864

Gross Claim	\$	195.85
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Net Claim / Payment Amount	\$	195.85
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YTD Amount:	\$	79,080.40
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00797587

Gross Claim	\$	276.54
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Net Claim / Payment Amount	\$	276.54
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YTD Amount:	\$	111,662.95
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00012229

Gross Claim	\$	4.24
Net Claim / Payment Amount	\$	4.24
YTD Amount:	\$	1,710.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.02875918

Gross Claim	\$	997.14
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Net Claim / Payment Amount	\$	997.14
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YTD Amount:	\$	402,624.25
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00593994

Gross Claim	\$	205.95
Net Claim / Payment Amount	\$	205.95
YTD Amount:	\$	83,155.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00352993

Gross Claim	\$	122.39
Net Claim / Payment Amount	\$	122.39
YTD Amount:	\$	49,420.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00166647

Gross Claim	\$	57.78
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Net Claim / Payment Amount	\$	57.78
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YTD Amount:	\$	23,323.65
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.14426084

Gross Claim	\$	5,001.82
Net Claim / Payment Amount	\$	5,001.82
YTD Amount:	\$	2,019,671.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00565700

Gross Claim	\$	196.14
Net Claim / Payment Amount	\$	196.14
YTD Amount:	\$	79,191.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.01222944

Gross Claim	\$	424.02
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Net Claim / Payment Amount	\$	424.02
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YTD Amount:	\$	171,214.75
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00031437

Gross Claim	\$	10.90
Net Claim / Payment Amount	\$	10.90
YTD Amount:	\$	4,399.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00153784

Gross Claim	\$	53.32
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Net Claim / Payment Amount	\$	53.32
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YTD Amount:	\$	21,532.00
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.01417914

Gross Claim	\$	491.62
Net Claim / Payment Amount	\$	491.62
YTD Amount:	\$	198,507.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00018632

Gross Claim	\$	6.46
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Net Claim / Payment Amount	\$	6.46
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YTD Amount:	\$	2,608.90
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00002682

Gross Claim	\$	0.93
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Net Claim / Payment Amount	\$	0.93
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YTD Amount:	\$	379.75
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.01157185

Gross Claim	\$	401.22
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Net Claim / Payment Amount	\$	401.22
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YTD Amount:	\$	162,006.60
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00857088

Gross Claim	\$	297.17
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Net Claim / Payment Amount	\$	297.17
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YTD Amount:	\$	119,992.60
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00284119

Gross Claim	\$	98.51
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Net Claim / Payment Amount	\$	98.51
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YTD Amount:	\$	39,771.55
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.06935094

Gross Claim	\$	2,404.54
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Net Claim / Payment Amount	\$	2,404.54
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YTD Amount:	\$	970,909.45
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00575161

Gross Claim	\$	199.42
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Net Claim / Payment Amount	\$	199.42
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YTD Amount:	\$	80,526.95
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00100946

Gross Claim	\$	35.00
Net Claim / Payment Amount	\$	35.00
YTD Amount:	\$	14,129.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.04468007

Gross Claim	\$	1,549.15
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Net Claim / Payment Amount	\$	1,549.15
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YTD Amount:	\$	625,522.80
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.06185240

Gross Claim	\$	2,144.55
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Net Claim / Payment Amount	\$	2,144.55
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YTD Amount:	\$	865,936.75
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00151967

Gross Claim	\$	52.69
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Net Claim / Payment Amount	\$	52.69
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YTD Amount:	\$	21,275.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.07571860

Gross Claim	\$	2,625.32
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Net Claim / Payment Amount	\$	2,625.32
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YTD Amount:	\$	1,060,067.75
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.10902756

Gross Claim	\$	3,780.21
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Net Claim / Payment Amount	\$	3,780.21
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YTD Amount:	\$	1,526,387.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.08508119

Gross Claim	\$	2,949.94
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Net Claim / Payment Amount	\$	2,949.94
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YTD Amount:	\$	1,191,133.30
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.03507637

Gross Claim	\$	1,216.17
Net Claim / Payment Amount	\$	1,216.17
YTD Amount:	\$	491,068.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00709101

Gross Claim	\$	245.86
Net Claim / Payment Amount	\$	245.86
YTD Amount:	\$	99,272.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.02038731

Gross Claim	\$	706.87
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Net Claim / Payment Amount	\$	706.87
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YTD Amount:	\$	285,421.15
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00419646

Gross Claim	\$	145.50
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Net Claim / Payment Amount	\$	145.50
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YTD Amount:	\$	58,751.70
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.02136072

Gross Claim	\$	740.62
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Net Claim / Payment Amount	\$	740.62
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YTD Amount:	\$	299,048.40
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00277601

Gross Claim	\$	96.25
Net Claim / Payment Amount	\$	96.25
YTD Amount:	\$	38,863.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00933287

Gross Claim	\$	323.59
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Net Claim / Payment Amount	\$	323.59
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YTD Amount:	\$	130,656.05
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00003922

Gross Claim	\$	1.36
Net Claim / Payment Amount	\$	1.36
YTD Amount:	\$	550.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00283341

Gross Claim	\$	98.24
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Net Claim / Payment Amount	\$	98.24
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YTD Amount:	\$	39,668.30
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00573401

Gross Claim	\$	198.81
Net Claim / Payment Amount	\$	198.81
YTD Amount:	\$	80,270.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00531004

Gross Claim	\$	184.11
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Net Claim / Payment Amount	\$	184.11
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YTD Amount:	\$	74,340.70
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.02295249

Gross Claim	\$	795.81
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Net Claim / Payment Amount	\$	795.81
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YTD Amount:	\$	321,338.15
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00860751

Gross Claim	\$	298.44
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Net Claim / Payment Amount	\$	298.44
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YTD Amount:	\$	120,507.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00265488

Gross Claim	\$	92.05
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Net Claim / Payment Amount	\$	92.05
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YTD Amount:	\$	37,162.65
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00025294

Gross Claim	\$	8.77
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Net Claim / Payment Amount	\$	8.77
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YTD Amount:	\$	3,546.55
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.02495323

Gross Claim	\$	865.18
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Net Claim / Payment Amount	\$	865.18
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YTD Amount:	\$	349,345.50
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06 County/City Ratio: 0.00206131

Gross Claim	\$	71.47
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Net Claim / Payment Amount	\$	71.47
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YTD Amount:	\$	28,858.20
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.01071554

Gross Claim	\$	371.53
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Net Claim / Payment Amount	\$	371.53
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YTD Amount:	\$	150,019.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000104A
PAYMENT ISSUE DATE: 12/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

Total amount collected: \$34,672.06

Gross monthly apportionment: \$34,672.06

County/City Ratio: 0.00228397

Gross Claim	\$	79.19
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Net Claim / Payment Amount	\$	79.19
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YTD Amount:	\$	31,971.45
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